



**An Organization for the Development of Youth**

Established in 1995

**VOLUNTEER APPLICATION**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Street

Apt. Number

City

State

Zip

3. Phone: \_\_\_\_\_

Home

Work

4. Social Security: \_\_\_\_\_ (provide only if clearances are not available)

5. Birth Date: \_\_\_\_\_

6. National Origin:

African American       American Indian

7. Gender:  Male     Female

Asian/Pacific Islander     Caucasian

Hispanic       Other \_\_\_\_\_

8. Education Level:

Highest Level Completed

Major Course of Study

High School

Associate

Bachelors

Masters

Ph.D.

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Volunteer Interest: \_\_\_\_\_

10. Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only

Following Documents Received

Completed Application

PA Child Abuse Clearance

Signed Confidentiality Agreement

Reference(s)

PA Criminal Record Check (Within 1 year date of app)

Verification of Credentials